

**DEPARTMENT OF CORRECTIONS**  
**RECORDS COORDINATOR APPOINTMENT**

**(Due each January or when the Facility/Unit Records Coordinator changes)**

Name of Facility/Unit		Facility/Unit Head	
Mailing Address			Telephone Number
This APPOINTMENT is a:	<input type="checkbox"/> NEW Assignment	or	<input type="checkbox"/> Continued Assignment
The person(s) listed below is/are the Facility/Unit Records Coordinator(s) for this location: <b>(If the Coordinator remains the same, but their last name, title, phone number, or address has changed please indicate below.)</b>			
Name and Title		Telephone Number/ E-Mail Address	
The following persons are authorized to sign "Notice of Intent To Destroy Records":			
<input type="checkbox"/> Facility/Unit Head		<input type="checkbox"/> Records Coordinator	
The following persons are authorized to sign "Records Transfer Authorization":			
<input type="checkbox"/> Facility/Unit Head		<input type="checkbox"/> Records Coordinator	
_____ Signature of Facility/Unit Head		_____ Date	

Original: Agency Records Management Coordinator  
Copy: Facility/Unit Records Coordinator